

DIABETES ON INSULIN Re-Certification STATUS REPORT
NON CGM - Third Class Option

(Updated 11/07/19)

Name _____ Birthdate _____

Applicant ID# _____ PI# _____

Class Applied _____ Circle one: INITIAL / Re-Certification

Please have the provider who treats your diabetes enter the information in the space below.
Return the completed form to your AME or to the FAA at:

Using Regular Mail (US Postal Service) OR Using Special Mail (FedEx, UPS, etc.)

Federal Aviation Administration
Aerospace Medical Certification Division
AAM313
Civil Aerospace Medical Institute
PO BOX 25082
Oklahoma City, OK 73125-9867

Federal Aviation Administration
Aerospace Medical Certification Division
AAM313
Civil Aerospace Medical Institute, Bldg. 13
6700 S. MacArthur Blvd., Room 308
Oklahoma City, OK 73169

☐ 1. Provider printed name _____ phone _____

☐ 2. Date of last clinical encounter for Diabetes _____

☐ 3. Date of most recent DIABETES MEDICATION **CHANGE** _____
And describe what was changed:

☐ 4. Quarterly hemoglobin A1c
(A1c's must be done ≥ 30 days after meds change and ≤ 90 days of recertification.)

Quarterly A1Cs	Value	Date
#1		
#2		
#3		
#4		

☐ 5. Review the blood glucose self-monitoring log book, recording device download, or continuous glucose monitoring (CGM) data, if used. Comment on stability, variance (highs and lows), and any other concerns you have. If control is good and there are no concerns, state that also.

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In lieu of #6 and #7, the physician's office may attach a current medication list. The list should note for what condition the medications are used.

☐ 6. List Insulin treatment schedule:

☐ 7. List **ALL** other current medications* (for any condition) and why they are used/diagnosis treated. Dosage is not required.

IF YES on any of the questions below, please attach narrative, tests, etc.

☐ 8. Any side effects from medications.....Yes No

☐ 9. ANY episode of hypoglycemia in the past year
REQUIRING ASSISTANCE from another person.....Yes No

☐ 10. Any evidence of progressive diabetes induced end organ disease:

Cardiac.....	Yes	No
Neurological.....	Yes	No
Ophthalmological	Yes	No
Neuropathy	Yes	No
Renal disease	Yes	No

☐ 11. Any clinical concerns or other comments?Yes No

Treating Provider Signature

Date

For more information, see:

- [Acceptable Combinations of Diabetes Medications](#)
- [Pharmaceuticals \(Therapeutic Medications\) - Diabetes Mellitus - Insulin Treated](#)